

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 OCT 23 PM 12:20

DOCUMENT # P97000088797

1. Corporation Name

FLORANADA DEVELOPMENT CORPORATION

Principal Place of Business

~~1801 SOUTH FEDERAL HIGHWAY  
#210  
DELRAY BEACH FL 33483~~

Mailing Address

1730 S. FEDERAL HWY  
#339  
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~809 Sunset Rd.~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Boynton Bch. Fl.

City & State

Zip Country

33435 USA



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1997

5. FEI Number

65-0790870

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDVP	ESSER, DAVID P	809 SUNSET ROAD	BOYNTON BEACH FL 33435

700024397047  
11/04/03--01014--028 \*\*8.75

700024397047  
11/04/03--01014--029 \*\*750.00

8. Name and Address of Current Registered Agent

ESSER, DAVID P  
~~809 SUNSET ROAD~~  
BOYNTON BEACH FL 33435

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/22/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 561-573-2750

CR2E040 (7/03)